

Summary Report

MEETING OF CHAIRPERSONS OF THE NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP (NITAGS) IN COUNTRIES OF THE EASTERN MEDITERRANEAN REGION

Amman, Jordan, 20 November 2014

Introduction

The Vaccine Preventable Diseases and Immunization (VPI) unit of the Communicable Disease Prevention and Control Department (DCD) of World Health Organization (WHO) Regional Office of the Eastern Mediterranean (EMRO) organized meeting of the chairpersons of the national immunization technical advisory groups (NITAGs) of countries of the Eastern Mediterranean Region, Amman, Jordan, 20 November 2014. The meeting was organized with the technical support of Agence de Medicine Preventive (AMP) and WHO HQ. The meeting was attended by Chairpersons of NITAGs of 12 countries and EPI managers or representatives from EPI of all countries of the EMR, regional technical advisory group for immunization (RTAG) members, WHO EPI and POL related staff from country, regional and HQ levels, as well as representatives from different partners including; Centers for disease control and prevention (CDC) Atlanta, NESI, UNICEF HQ, Supply Division, ROSA, ESARO and MENARO and UNICEF country offices and Network for Education and Support in Immunization (NESI). Dr Rana Hajjeh, RTAG member, chaired the meeting.

Upon the decision of World Health Assembly in 2008 (WHA 61.15), WHO/EMRO initiated a region wide effort for the establishment and strengthening of NITAGs. Between 2008 and 2012, countries of the Region showed great efforts on the establishment of NITAGs and strengthening of NITAGs to meet the regional and global criteria was quite impressive in all countries. Currently, all the countries in the Region are reporting that they have NITAGs of different levels of meeting the established regional criteria. After the establishment phase, it would be important to focus on the functionalities and effectiveness of NITAGs and their capability of issuing scientific and evidence-based recommendations. Therefore, NITAG chairpersons have been regularly invited to all major meetings in the Region, as well as RTAG meetings.

The objective of the meeting was to build the technical capacity of NITAGs chairperson and secretariat of the NITAGs (EPI programme) with focus on evidence-based decision making methodologies. The meeting was utilized also for briefing of the participants on the concept of “Vaccine Hesitancy” and recent work of a SAGE working group and raising awareness among the participants on the issue. The meeting was also utilized to discuss preparation for the world immunization week 2015.

The meeting consisted of seven presentations followed by open discussion sessions. Meeting participants were actively engaged in the discussions and based on that, the following was recommended:

Recommendations

1. Strengthening NITAGs

- 1.1. All Member States to invest in improving the capacities of the NITAGs through reviewing the composition and TORs of the NITAG if required, to conform with the regional guidelines, identifying weakness in evidence-based decision making process and seeking support from WHO and partners if required.
- 1.2. Ensuring adequate support of the NITAG secretariats (EPI Programmes in respective Member States), including: providing available information which is necessary for developing evidence-based recommendations, (local, regional and global data, guidelines and standards, related WHO position papers, etc.), allocating necessary budgets for conducting the NITAG meetings, ensuring timely and adequate preparation for the NITAG meetings (agenda, and documents for the meetings) and documentation and archiving of NITAG meetings and NITAG recommendations and all related administrative documents (i.e. membership structure, declarations of interest).
- 1.3. NITAG Chairpersons and Members are to actively seek the sources of scientific evidence which is necessary for developing the NITAG recommendations. Engaging with the academia, related national agencies, professional societies and other relevant stakeholders to collect the required information and to ensure a cohesive and coordinated approach to achieve national health priorities is required.
- 1.4. NITAGs should have broader role beyond new vaccine introduction decisions. NITAGs are expected to be involved in monitoring the EPI activities and performance, specially with reviewing implementation of Global Vaccine Action Plan (GVAP) and progress towards achieving EPI targets. Ensuring integration and capitalization on NITAGs for any vaccine specific initiative is important.
- 1.5. Enhancing the interaction between the three levels of the advisory groups: WHO Strategic Advisory Group of Experts (SAGE) at the global level, Regional Technical Advisory Group (RTAG) in the Eastern Mediterranean Region and NITAGs. WHO and the partners are to continue facilitating attendance of NITAG chairpersons and the secretariats to SAGE and RTAG meetings as well as meeting of other well-functioning NITAGs. Direct interaction and collaborations between NITAGs are strongly encouraged.
- 1.6. NITAG members and the secretariats are encouraged to utilize the support offered by the Agence de Medicine Preventive (AMP), the WHO Collaborating Center on evidence-informed immunization policy making and to apply for attending the Vaccinology courses which are offered through the support of Network for Education and Support on Immunization (NESI).

2. Vaccine hesitancy:

- 2.1. National Immunization Programmes should be alert about vaccine hesitancy in their countries, being a complex problem, context specific and varying across location, time and type of vaccines. Addressing vaccine hesitancy within a country requires an understanding of the magnitude and setting of the problem and diagnosis of the root causes. Tailored evidence-based strategies to address the causes, monitoring and evaluation to determine the impact of the intervention and ongoing monitoring for possible recurrence of the problem is required. Addressing vaccine hesitancy should be incorporated into the country's immunization program.

- 2.2. EPI programmes are to strengthen their capacity for dealing with vaccine hesitancy through education and training of staff to deal with this problem at different settings. Relevant training of physician, nursing and other healthcare profession students needs to be included in the academic curricula. Educating younger individuals about vaccines could shape future vaccine beliefs and behavior.
 - 2.3. Utilizing available tools that address vaccine hesitancy such as WHO EURO's Guide to Tailoring Immunization Program (TIP), which helps identify and prioritize vaccine hesitant populations and subgroups, diagnose the demand and supply-side barriers to vaccination in these populations, and design evidence-informed responses to vaccine hesitancy appropriate to the setting, context and hesitant population. This framework is currently being adapted for global use.
3. World Immunization Week (WIW)
 - 3.1. Participants of the meeting agreed that no need for a regional theme of the WIW 2015 and each country to select a suitable theme for the local situation.
 - 3.2. National Immunization Programmes are encouraged to continue their efforts for advocacy, education and communication activities during the WIW and beyond.
 - 3.3. National immunization programmes are encouraged to reach out and mobilize all partners and stakeholders collaboration and support for celebrating the WIW. WHO, UNICEF and all relevant partners should continue to provide the necessary support for the planning, implementation and evaluation of the WIW in all countries.